



University at Buffalo
The State University of New York

Office of International Education
Study Abroad Programs

APPLICATION CHECKLIST

UB/KOREA UNIVERSITY EXCHANGE PROGRAM

Please return the following documents to the UB Study Abroad office prior to the application deadline:

- Korea University application form
- SUNY Application form
- Two academic recommendations
- Academic transcripts (all universities or colleges attended)
- Resume
- Study Statement, signed by advisor
- Two passport sized pictures
- Copy of Passport (picture page)



Korea University

Office of International Affairs

APPLICATION FOR STUDY ABROAD PROGRAM

KOREA UNIVERSITY STUDENT EXCHANGE PROGRAM (KUSEP)

For Exchange Program students

Please type or write clearly using BLOCK LETTERS.

Please staple one passport size photograph here.

1. PERSONAL DETAILS

Title: Mr/ Mrs/ Miss/ Ms/ Other

Family Name:

Male/ Female:

Given Names: (in full)

Citizenship:

Date of Birth: Day Month Year

Passport Number:

Permanent Address:

Mailing Address:

Between which dates is this address valid?

Telephone: Country code Area code Local number

Telephone:

Fax: (if available) Country code Area code Local number

Fax:

Email:

2. PROGRAM PREFERENCES

I wish to begin study at Korea University in Academic Year 20____ Semester 1 (Mar-June) Semester 2 (Sep-Dec)

Study Option: Whole Year Semester 1 (Mar-June) Semester 2 (Sep-Dec)

The areas of study I wish to enroll are, in preference order

Department 1:

Department 2:

3. EDUCATIONAL BACKGROUND

Are you currently enrolled at a post secondary institution? Yes No If Yes, please write the details below.

Name of Institution:

Address:

Contact Office:

Telephone: Country code Area code Local number

Contact Person:

Fax: (if available) Country code Area code Local number

Email:



Korea University

EDUCATIONAL RECORD/ Academic transcripts are required for all institutions attended				
Qualification	Institution	Country	Duration	Date Completed

4. PROFICIENCY IN KOREAN

Is Korean your first language? Yes No If not please answer the below.

Were your secondary/undergraduate studies conducted in English? Yes No

If yes, attach certified documentary evidence

Have you taken any Korean language courses? Yes No if yes, attach certified documentary evidence with the duration of study

Have you taken a Korean proficiency test in the past two years or are you? Yes No

If yes, Grade _____ Date of test _____

Attach the original or certified copy of your result.

In order to take Korean language courses at Korea University, Placement Test is compulsory. Do you intend to take the Placement Test during the Orientation? Yes No

5. CHECK LIST

I have included with this application form:

- Original copies of academic transcripts of all institutions attended
- Original or certified copies of other evidences (including the result of Korean proficiency test)
- A4 size one-page Study Plan (Statement of Purpose)
- Certified copy of the passport (the page with photograph)
- Academic reference

Copies of documents can be certified by staff of your home institution with her/his name, title, contact details written.

6. DECLARATION

I declare that the information submitted in this application is true and correct. I authorize the University to obtain information from any educational institution previously or currently attended by me. If any information supplied by me is considered to be untrue, incomplete or misleading in any respect, I understand the University may take such action including the disclosure of the information to any person or body. I understand the University reserves the right to vary or reverse any decision made on the basis of untrue, incomplete or misleading information.

Signature _____

Date (dd/mm/yy) _____

Please type or print with ballpoint pen.

Application for:

Name: _____
Last First Middle

Program Location Abroad: (You may choose to apply for several programs. All choices will be considered with equal prospect of success.)

1st Choice: _____
University City Country Administering SUNY Campus

2nd Choice: _____
University City Country Administering SUNY Campus

3rd Choice: _____
University City Country Administering SUNY Campus

Study Period for which you are applying – check one:

Fall Spring Academic Year Summer Intersession Year: _____ Session (if applicable): _____

How did you learn about this program? _____

Personal Information (Please notify us of any change of address or telephone number.)

Birthdate: ____/____/____ Place of Birth: _____ Sex (M/F): ____ Married? (Y/N) ____
Mo Day Year City / State Country

Country of Citizenship: _____ Visa Status (if not a U.S. citizen): _____

Social Security #: _____ Home Campus: _____

Local Address: _____ Telephone: (____) _____
Number, Street Apartment #

_____ E-mail: _____
City State Zip Code

My local address can be used until the following date: ____/____/____ E-mail valid until: ____/____/____
Mo Day Year Mo Day Year

Permanent Address: _____
Number, Street Apartment #

_____ Telephone: (____) _____
City County State Zip Code

Academic Status

Major: _____ Minor: _____

Specialty within major field: : _____ Academic Advisor: _____

Freshman Sophomore Junior Senior Master Doctorate GPA (major, estimated): _____ GPA (cumulative): _____

Semester Credits Completed To Date: Undergraduate: _____ Graduate: _____

Semester Credits Currently Enrolled: Undergraduate: _____ Graduate: _____

Your Name _____

Program Location Abroad _____

Administering SUNY Campus _____

Academic Background

Colleges or Universities Attended:

Name	Dates (from – to)	Credits	Degrees	Honors
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List language courses (except English) or other courses you have taken that have prepared you for this program:

Title	Credits	Grade	H.S. or College?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contact Information *(Please notify us of any change of address or telephone number.)*

Name and Address of Parent or Guardian (if under 21):

 Name Home Telephone (_____) _____

 Street Cell or Daytime Telephone (_____) _____

 City State Zip Code _____

E-mail: _____

Name and Address of person to contact in case of emergency:

 Name Home Telephone (_____) _____

 Street Cell or Daytime Telephone (_____) _____

 City State Zip Code _____

E-mail: _____

Miscellaneous

Please describe your plans for financing your participation in an overseas study program by indicating the amount of money you expect to receive from each source.

Financial Aid: _____ Scholarships: _____ Grants: _____ Loans: _____ Parent / Guardian Assistance: _____ Savings: _____

Other Assistance Sources (please describe): _____

State briefly any additional information that may be useful in evaluating your candidacy, including any travel or residence in other countries or regions of the U.S. or anything else you wish to point out about yourself or your academic record:

Student's Signature _____

Date _____

Home Campus Study Abroad Office Signature

I am aware that this student is applying to the SUNY study abroad program(s) listed on page 1 of form OAP 1:

Your Name (please print) _____ Title, Department: _____

Signature: _____ Date: _____ Institution: _____

Your Name

Program Location Abroad

Administering SUNY Campus

To the Student

Write a concise statement of your proposed program of study abroad and how it will be related to your present academic program. Also describe the personal benefits you expect to receive from the program. Use the reverse side of this sheet and/or an additional page, if necessary. Sign your statement and submit it to your academic advisor for approval and signature. Then send it to the International Education Office of the Administering SUNY Campus.

To the Advisor

Please discuss with your advisee how this proposed program of study will complement his or her academic program. It is suggested that a copy of this signed form be retained in the student's advisement file.

Name and Title of Academic Advisor

Advisor's Signature

Date

Your Name _____

Program Location Abroad _____

Administering SUNY Campus _____

Address of International Education Office at Administering SUNY Campus _____

To the Student

This **academic reference** should be given to a professor who knows you well and is able to judge your academic qualifications for study abroad. A letter of recommendation on letterhead is also acceptable.

As this letter is confidential, it should be sent directly to the Administering SUNY Campus by the person writing the letter. You must provide a stamped, addressed envelope for this purpose. You may submit this letter yourself if it has been placed in a sealed envelope and has been signed over the seal by the person writing the reference.

I waive my right to access this reference completed by _____ Yes No

Name of Reference

Student's Signature: _____ Date: _____

To the Reference

Please return this form to the International Education Office at above address.

The student named above is applying for the designated State University of New York overseas academic program. We would appreciate your assessment of the applicant's attributes with which you are familiar. You may also attach a letter of recommendation.

How long and in what capacity have you known the student? _____

Academic attributes

	Excellent	Very Good	Good	Fair	Poor	No Evaluation
Competence in major or specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-academic attributes

	Excellent	Very Good	Good	Fair	Poor	No Evaluation
Level of maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence and self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state frankly your opinion of this candidate's ability to suitably represent both their home campus and the USA in a study abroad program, weighing both strong and weak points. Please use the space below or the reverse side of this page. You may also add or attach a letter of recommendation.

Your Name (please print) _____ Title, Department: _____

Signature: _____ Date: _____ Institution: _____

Your Name _____

Program Location Abroad _____

Administering SUNY Campus _____

Address of International Education Office at Administering SUNY Campus _____

To the Student

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I waive my right to access this reference completed by _____ Yes No

Name of Reference

Student's Signature: _____ Date: _____

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Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence and self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state frankly your opinion of this candidate's ability to suitably represent both their home campus and the USA in a study abroad program, weighing both strong and weak points. Please use the space below or the reverse side of this page. You may also add or attach a letter of recommendation.

Your Name (please print) _____ Title, Department: _____

Signature: _____ Date: _____ Institution: _____